

21-39401

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SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## **ATTENTION**

JAH 3 0 2002

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Expires: May 31, 2002 Estimated average

0076

OMB Number: 3235-

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burden hours per response.. . 1

OMB APPROVAL

FORM D

FEB 0 1 2002 THOMSON P

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	SEC USE ONLY				
Prefix	Serial				
DATE RE	CEIVED				

Name of Offering: 2001 December C	ommon Stock	Private Pla	acement		
Filing Under (Check box(es) that apply):	[x]504	[]505	[] 506	[ ] Section 4(6)	[x]ULOE
Type of Filing: [X] New Filing []	Amendment				
A. B/	ASIC IDENTIF	ICATION E	DATA		
Enter the information requested all changed, and indicate change.)	bout the issuer	(check if t	his is an a	mendment and nan	ne has
Name of Issuer: Samaritan Pharmac	euticals, Inc.				
Address of Executive Offices (Numl (Including Area Code)	per and Street,	City, State	e, Zip Cod	e) Telephone Nu	mber

735-7001	Orive Suite 310 Las Vegas	I EUI EO VII	lephone Number:	102-
Address of Principal Bus Telephone Number (Incli (if different from Executiv		er and Street, City, Sta	te, Zip Code)	A handley makey yelly All All All All All All All All All
Brief Description of Busin	ness			<del></del>
	eals is a biopharmaceutical y, (Alzheimer's, Parkinson'		drug discovery in	the
Type of Business Organi	ization			
[X] corporation	[ ] limited partne	ership, already formed	[ ] other (p	lease spe
[ ] business trust	[ ] limited partne	ership, to be formed		
		Month Ye	ar	
Autorian Patienate d Date	f l	!!!	01 1 A - 6	
Actual of Estimated Date	e of Incorporation or Organ	ization: [03] [199	6] [x] Actua	i []E2
Jurisdiction of Incorporat	tion or Organization: (Enter	r two-letter U.S. Postal	Service abbrevia	tion for S
•	CN for Ca	nada; FN for other for		
·	CN for Ca			
·	CN for Ca STRUCTIONS TYPED IN F	nada; FN for other for	eign jurisdiction)	[N] [V]
·		PER THE FORM AT T	eign jurisdiction)	[N] [V]
PLEASE HAVE THE INS	STRUCTIONS TYPED IN F	PER THE FORM AT T	eign jurisdiction)	[N] [V]  ELSEWH  Genera  Managi
PLEASE HAVE THE INS  Check Box(es) that [ ] Apply:	A. BASIC IDENTIF	PER THE FORM AT TO SECUTIVE ICATION DATA	eign jurisdiction) HIS POINT AND E	[N] [V]  ELSEWH  General  Managin
PLEASE HAVE THE INS  Check Box(es) that [ ] Apply:  Full Name Greeso	A. BASIC IDENTIFICATIONS TYPED IN FOR ALBASIC IDENTIFICATION Promoter [x] Beneficial Owner	PER THE FORM AT TO ICATION DATA  [x] Executive Officer	eign jurisdiction) HIS POINT AND E	[N] [V] ELSEWH 
PLEASE HAVE THE INS  Check Box(es) that [ ] Apply:  Full Name Greeso 101 Convention Center I Business or Residence A	A. BASIC IDENTIFIED IN FORMAL BASIC IDENTIFIED Promoter [x] Beneficial Owner  on, Janet  Drive Suite 310 Las Vegas  Address (Number and Streen	PER THE FORM AT TO ICATION DATA  [x] Executive Officer  i, NV 89109  set, City, State, Zip Cook	eign jurisdiction)  HIS POINT AND E  [x] Director [ ]	[N] [V]  ELSEWH  Genera  Managi
PLEASE HAVE THE INS  Check Box(es) that [ ] Apply:  Full Name Greeso 101 Convention Center I Business or Residence A	A. BASIC IDENTIFE Promoter [x] Beneficial Owner  on, Janet Drive Suite 310 Las Vegas	PER THE FORM AT TO ICATION DATA  [x] Executive Officer	eign jurisdiction)  HIS POINT AND E  [x] Director [ ]	[N] [V]  ELSEWH  Genera  Managi Partner  General
PLEASE HAVE THE INS  Check Box(es) that [ ] Apply:  Full Name Greeso 101 Convention Center I Business or Residence A Check Box(es) that [	A. BASIC IDENTIFE  Promoter [x] Beneficial Owner  on, Janet  Drive Suite 310 Las Vegas  Address (Number and Street)  Promoter [] Beneficial Owner	PER THE FORM AT TO  ICATION DATA  [x] Executive    Officer  Officer  et, City, State, Zip Cool    [] Executive	eign jurisdiction)  HIS POINT AND E  [x] Director [ ]	[N] [V]  ELSEWH  General Managir  General Managir
Check Box(es) that [ ] Apply:  Full Name Greeso 101 Convention Center I Business or Residence A Check Box(es) that [ Apply:  Full Name Burkett, I	A. BASIC IDENTIFE  Promoter [x] Beneficial Owner  on, Janet  Drive Suite 310 Las Vegas  Address (Number and Street)  Promoter [] Beneficial Owner	PER THE FORM AT TO ICATION DATA  [x] Executive Officer  i, NV 89109  eet, City, State, Zip Cool [] Executive Officer	eign jurisdiction)  HIS POINT AND E  [x] Director [ ]	[N] [V]  ELSEWH  General Managir  General Managir
Check Box(es) that [ ] Apply:  Full Name Greeso 101 Convention Center of Check Box(es) that [ ] Apply:  Full Name Burkett, I 101 Convention Center of Check Box(es)	A. BASIC IDENTIFIED IN FORMAL PROMOTER [ x ] Beneficial Owner  on, Janet  Drive Suite 310 Las Vegas  Address (Number and Stree ] Promoter [ ] Beneficial Owner	PER THE FORM AT TO ICATION DATA  [x] Executive Officer  o, NV 89109  eet, City, State, Zip Cool [] Executive Officer	eign jurisdiction)  HIS POINT AND E  [x] Director [ ]	[N] [V]  ELSEWH  General Managir  General Managir

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Full Name	Holden, Welter				
101 Convention C	enter Drive Suite 3	10 Las Vegas, N	IV 89109		
Business or Reside	ence Address (Num	ber and Street,	City, State, Zip	Code	
Check Box(es) that Apply:	t [] Promoter [x]	Beneficial Owner	[x] Executive Officer	e [x] Director []	General and/or Managing Partner
Full Name E	Boyle, Eugene				
101 Convention C	enter Drive Suite 31	0 Las Vegas, N	V 89109		
Business or Resid	ence Address (Num	ber and Street,	City, State, Zip	Code	
Check Box(es) the Apply:	t [] Promoter []	Beneficial Owner	[ ] Executive Officer		General and/or Managing Partner
Full Name Th	ompson, Cynthia				
101 Convention C	Center Drive Suite 3	10 Las Vegas, N	NV 89109		
Business or Resid	ence Address (Nun	nber and Street,	City, State, Zip	Code	
Check Box(es) the Apply:	at [] Promoter [	] Beneficial Owner	[ ] Executive Officer	e [x] Director []	General and/or Managing Partner
Full Name	Sullivan, Brian				
101 Convention C	enter Drive Suite 31	10 Las Vegas, N	IV 89109		
Business or Resid	ence Address (Nun	nber and Street,	City, State, Zip	Code	
Check Box(es) the Apply:	at [] Promoter [	Beneficial Owner	[x] Executiv Officer	e [x] Director []	General and/or Managing Partner
Full Name Besser	t, Douglas				
101 Convention C	enter Drive Suite 3	10 Las Vegas, N	IV 89109		
Business or Resid	lence Address (Nun	nber and Street,	City, State, Zij	o Code	
Check Box(es) the Apply:	at [] Promoter [	] Beneficial Owner	[ ] Executiv Officer	re [x] Director [ ]	General and/or Managing Partner
Full Name	Winn, Thomas H	•			
101 Convention C	enter Drive Suite 3	10 Las Vegas, N	V 89109		
Business or Resid	lence Address (Nur	nber and Street	City, State, Zi	p Code	<del></del>
Check Box(es) that	at [] Promoter [	] Beneficial	[x] Executiv	/e [x] Director [ ]	General and/or

Apply:	•	Owner	Officer		Managing Partner
Full Name: Papadopo	ulas, Vassilios				
Business Address : 10	01 Convention Cer	nter Drive Sui	te 310 Las Vegas, NV	89109	
Business or Residence	e Address (Numb	er and Street,	City, State, Zip Code		
Check Box(es) that Apply:	[ ] Promoter [x]	Beneficial Owner	[] Executive Officer	[] Director [ ]	General and/or Managing Partner
Full Name: Sapse, Alt	fred				
Business Address : 3	525 Leore Court, L	_as Vegas, N\	V 89121		
Check Box(es) that Apply:	[ ] Promoter [x]	Beneficial Owner	[] Executive Officer	[] Director [ ]	General and/or Managing Partner
Full Name: Cortisol M	ledical Research				
Business Address : 3	525 Leore Court, I	as Vegas NV	′ 89121		<del></del>
	B. INFOR	MATION ABO	OUT OFFERING		
1. Has the issuer sold offering?	l, or does the issue	er intend to se	ell, to non-accredited in	nvestors in this	Yes No [x][]
	Answer also in	Appendix, C	olumn 2, if filing under	ULOE.	
2. What is the minimu	ım investment that	t will be accep	oted from any individua	al?	
3. Does the offering p	ermit joint owners	hip of a single	e unit?	••••••	Yes No [x] [
or indirectly, any com with sales of securitie broker or dealer regis or dealer. If more tha	mission or similar es in the offering. If stered with the SEO n five (5) persons	remuneration f a person to to C and/or with to be listed ar	tho has been or will be for solicitation of pure be listed is an associat a state or states, list the e associated persons ser or dealer only	thasers in connected person or agneed name of the of such a broke	ection gent of a broker
C. OFFERING PR	ICE, NUMBER OF	INVESTOR	S, EXPENSES AND U	SE OF PROCE	EDS
			luded in this offering a e" or "zero." If the tran		

Aggregate Amount
Offering Already
Price Sold

an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Debt	<b>\$</b> 0	<b>\$</b> 0
Equity	\$350,000	\$137,600
[x] Common [ ] Preferred		
Convertible Securities (including warrants)	<b>\$</b> 0	\$0
Partnership Interests	<b>\$</b> 0	\$0
Other	<b>\$</b> 0	\$0
Total	\$350,000	\$137,000
Answer also in Appendix, Column 3, if filing under ULOE.	·	·
2. Enter the number of accredited and non-accredited investors who have burchased securities in this offering and the aggregate dollar amounts of their burchases		
		Aggregat
		Dollar Amount
	Number	of
	Investors	Purchase
Accredited Investors	12	\$107,600
Non-accredited Investors	6	\$ 30,000
Total (for filings under Rule 504 only)	18	\$137,600
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify	d for	
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the	d for	
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify		Dollar
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify	Type of	Dollar Amount
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify		
3. If this filing is for an offering under 504 or 505, enter the information requeste all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of	Amount
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering	Type of Security	Amount Sold
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505	Type of Security 0	Amount Sold \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505	Type of Security 0 0	Amount Sold \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504	Type of Security 0 0 0	Amount Sold \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0 \$0 \$0
3. If this filing is for an offering under 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering Rule 505  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	Type of Security  0 0 0 0	Amount Sold \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

Total		[x] \$3300
b. Enter the difference between the aggregate offering price given in response Question 1 and total expenses furnished in response to Part C - Question 4.a is the "adjusted gross proceeds to the issuer."	e to Part C - . This difference	\$346,700
5. Indicate below the amount of the adjusted gross proceeds to the issuer use proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross		
proceeds to the issuer set forth in response to Part C - Question 4.b above.	Boumonto te	
	Payments to Officers, Directors, & Affiliates	Payments To
Octobra and force	[]	
Salaries and fees	\$	\$
Purchase of real estate	[]	[]
Purchase, rental or leasing and installation of machinery and equipment	\$ []	- \$ []
• •	\$	- \$ []
Construction or leasing of plant buildings and facilities	[] \$	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	[] \$	[] \$
pursuant to a merger)		
Repayment of indebtedness	[] \$	[] _\$
Working capital	[] \$	[ x ] \$ 50,000
Other (specify): Research and Development	[]	[x ] _ \$ 296,700
	[]	[] \$
Column Totals	[]	[x ] \$346,700
Total Payments Listed (column totals added)		346,700
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly	authorized person	n If
this notice is filed under $\underline{\text{Rule }505}$ , the following signature constitutes an under to furnish to the U.S. Securities and Exchange Commission, upon written required information furnished by the issuer to any non-accredited investor pursuant to	ertaking by the issuest of its staff, the	suer ne
<u>Rule 502</u> .		
Issuer (Print or Type) Signature	Da	
Samaritan Pharmaceuticals, Inc.	a OFO 1	-702
Name of Signer (Print or Type)  Title of Signer (Print or Type)	int or Type)	

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L. ( •	Chief Executive Officer	
Janet Greeson		يريانه فتعدف يهدين
ATTE	NTION	-
	et constitute federal criminal violations. (See 1 . 1001.)	8
0.3.0.	. 1001.)	
E. STATE S	SIGNATURE	-
1. Is any party described in 17 CFR 230.262 pre- provisions of such rule?		Yes No
	n 5, for state response.	
	furnish to any state administrator of any state in CFR 239,500) at such times as required by state	;
<ol><li>The undersigned issuer hereby undertakes to request, information furnished by the issuer to of</li></ol>		
satisfied to be entitled to the Uniform limited Offenotice is filed and understands that the issuer cla	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the	
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer classified of establishing that these conditions have the issuer has read this notification and knows the same of the issuer has read this notification.	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this	
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer classified of establishing that these conditions have the issuer has read this notification and knows the notice to be signed on its behalf by the undersign	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this	
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer classified of establishing that these conditions have the issuer has read this notification and knows the trace to be signed on its behalf by the undersignature (Print or Type)	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date	ang
satisfied to be entitled to the Uniform limited Offer notice is filed and understands that the issuer classified or establishing that these conditions have the sauer has read this notification and knows the notice to be signed on its behalf by the undersignal sauer (Print or Type)  Samaritan Pharmaceuticals, Inc.	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  And August 150 1-7	ong T To-on-
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer classified of establishing that these conditions have the issuer has read this notification and knows the issuer has read this notification and knows the issuer to be signed on its behalf by the undersign same (Print or Type)  Samaritan Pharmaceuticals, Inc.  Name of Signer (Print or Type)	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  Title (Print or Type)	
notice is filed and understands that the issuer class burden of establishing that these conditions have the issuer has read this notification and knows to notice to be signed on its behalf by the undersignals.  Issuer (Print or Type)	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  And August 150 1-7	
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer class burden of establishing that these conditions have the issuer has read this notification and knows to notice to be signed on its behalf by the undersignal super (Print or Type)  Samaritan Pharmaceuticals, Inc.  Name of Signer (Print or Type)	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  Title (Print or Type)	agaga a mana haka ka <sup>an</sup> - Ma <sub>r</sub> ka
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer class burden of establishing that these conditions have a superior of establishing that these conditions have the issuer has read this notification and knows to notice to be signed on its behalf by the undersignal lasuer (Print or Type)  Samaritan Pharmaceuticals, Inc.  Name of Signer (Print or Type)  Janet Greeson  Instruction:  Print the name and title of the signing representation.	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  Title (Print or Type)  Chief Executive Officer  attive under his signature for the state portion of nust be manually signed. Any copies not manually	02
satisfied to be entitled to the Uniform limited Offernotice is filed and understands that the issuer class burden of establishing that these conditions have a superior of establishing that these conditions have the issuer has read this notification and knows to notice to be signed on its behalf by the undersignal lasuer (Print or Type)  Samaritan Pharmaceuticals, Inc.  Name of Signer (Print or Type)  Janet Greeson  Instruction:  Print the name and title of the signing representations form. One copy of every notice on Form Directions.	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  Title (Print or Type)  Chief Executive Officer  attive under his signature for the state portion of nust be manually signed. Any copies not manually	02
satisfied to be entitled to the Uniform limited Offenotice is filed and understands that the issuer claburden of establishing that these conditions have burden of establishing that these conditions have the issuer has read this notification and knows the notice to be signed on its behalf by the undersignal sauer (Print or Type)  Samaritan Pharmaceuticals, Inc.  Name of Signer (Print or Type)  Janet Greeson  Instruction:  Print the name and title of the signing representations form. One copy of every notice on Form Directions	ering Exemption (ULOE) of the state in which this aiming the availability of this exemption has the e been satisfied.  the contents to be true and has duly caused this ned duly authorized person.  Signature  Date  Title (Print or Type)  Chief Executive Officer  attive under his signature for the state portion of nust be manually signed. Any copies not manually	02

1	2 Intend	to sell	3 Type of security and aggregate		4  Type of investor and				5 Disqualification under State ULOE (if yes, attach explanation of		
	to non-ac investors (Part B-	in State	· • • • • • • • • • • • • • • • • • • •	2	Type of investor and amount purchased in State (Part C-Item 2)			waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		X		}	, anount	investors.	7 unounc	100	-		
AK		x		j		1	!	<del></del>	<del></del>		
ΑZ	<u></u>	X	a alamanda a a a a a a a a a a a a a a a a a a			1	ļ		<del></del>		
AR		X	dilina a a distributor of the contract and another the state of the contract and another the contract and a			1	1				
CA	i	×	ang ngin di bini sinni a a a a a a a a a a b d a a annang		an Service of the	The transfer break stranger and		·	<del>                                     </del>		
CO		X				-					
CT		Х		1		1	i	<b>†</b>			
DE		Х		1			1	<del>†</del>			
DC		X				*					
FL		×			45			Ì	1		
GA		X						†	and the second second second second		
HI		х		ì	1	1	1				
ID		X			İ		1	,			
IL		X									
IN		X	1			1	1	1			
IA		X	Sound in a board 4 and opin 2" clock" 8.99 K Normalistants					1			
KS		X	15-22-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-								
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LA		X					1		2 11 11 11 11 11 11		
ME		X	1								
MD		X	1								
MA		х		1				į.			
MI		X									
MN		×									
MS		X									
MO		X			San and State of the	4		1	1		
MT		X									
NE		X		1							
NV	x		\$350,000	12	\$107,600	6	\$30,000	)			
NH		Х							Ì		
NJ		X		1							
NM		X		*							
NY	1	X		;				1			

NC	х			<u> </u>		
ND	Х					
ОН	Х					
OK	х					
OR	X		germent and the control of the contr			
PA	X					
RI	X			:		
SC	X					
SD	х					
TN	х		1		,	
TX	x		1			
UT	х			1		
VT	X					]
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WA	X					Ť
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http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999